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Growing evidence suggests that health services are not adequately meeting the needs of older people (RCPsych 2005; PHSO 2011; RCP 2012; CQC 2012). In the UK, when the National Health Service (NHS) was established in 1948, people could expect to live to their mid 60s, and diseases such as TB and influenza were more major health concerns than chronic multi-morbidity prevalent today. For all of its considerable successes, the NHS has not sufficiently adapted to provide efficient and excellent care for an ageing population (King's Fund 2014).

Arguably, a fundamental concern for medical educators must be to address the healthcare needs and challenges of the population at large. Good educational practice would suggest that teaching and learning should evolve to proportionally reflect the requirements and expectations of current healthcare service users. However, though older people are now "core business" for the NHS (Oliver 2013), and for health services internationally, there still exists a clear disconnect between actual and desired practice at all levels. A number of recent UK reports have specifically highlighted the need to improve education and training to better meet the needs of an ageing population (RCN 2008; DoH 2013; CQC 2012; RCP 2012). Most recently, the "Francis report" identified significant shortcomings in care particularly relevant to older people, and received widespread media coverage, bringing this issue to the attention of the public. (Mid Staffordshire NHS Foundation Trust Public Inquiry, 2013)

So why the mismatch between current medical education and demographic trends? We propose a number of contributory factors which are key to understand in order to evolve and align our educational processes.

Firstly, curriculum change is a complex process; hence there is an inevitable delay between the epidemiological changes at a population level, and integration into an existing, and sometimes inflexible, structure. A 2008 survey showed that geriatric medicine was under-represented in UK medical school curricula (Gordon 2010). The same survey repeated in 2013, showed progress, but reiterated persisting concerns including lack of teaching time and assessment devoted to ageing and geriatric medicine (Gordon 2013). Despite the accumulating evidence of need, curricula adaptation remains sluggish.

At a policy level these concerns about a potential disconnect have been articulated in the UK by Greenaway in *The Shape of Training* report (2013), which sets out a road map for the training of postgraduate medical staff. At its heart is a need to broaden training such that it takes into account the changing needs of the population and address the twin challenges of an increasing ageing population predisposed to chronic disease. The report recognises that the majority of doctors will need to be able to work in multi-professional teams caring for patients with complex conditions, rather than single diseases. The direction has been set, however, a realisation amongst teachers exists that the new directions will take years to fully implement as historically training is shaped around services.

These concerns are mirrored at an undergraduate level. Common but challenging conditions affecting older people such as dementia and delirium do not prominently feature as core conditions within pre-qualifying curricula (Tullo and Allan 2011; Tullo and Gordon, 2013), and students infrequently come into contact with frail older patients during their studies. Recognition of, and ability to manage delirium amongst junior healthcare staff remains poor, despite evidence that such conditions may be preventable (Teodorczuk et al 2012). Moreover, there is evidence that healthcare professionals continue to hold negative attitudes towards older people and unfortunately see them as burdensome (Tadd 2011; CQC 2012, Teodorczuk et al 2013). It remains unclear when and how ageism amongst healthcare professionals arises, and how it can be effectively tackled. Arguably a failure to promote teaching and learning concerning issues pertinent to an ageing population may subsequently foster engrained and out-dated attitudes amongst health care professionals post-qualification. In response to this concern, Health Education England (HEE) have stated that “that all undergraduate courses include training in dementia by September 2015” (DoH 2014)

Internationally, there is a recognised tension between specialism and generalism that compromises holistic care for older people (Barnett et al 2012) and fails to prepare future doctors for the patient group they will encounter. This is raised by the *Shape of Training* report in the postgraduate context (2013), but its causes may lie at an earlier stage of the educational continuum. Put another way, we continue to prepare students at medical school to be specialists when most will later become generalists. Arguably, selection processes that recognise scientific

technical merit in preference to holistic psychosocial skills may be compounding the problem. Hence, there is a need to change the expectations of students as to the nature of modern medicine and to encourage them to recognise older people as “core business”.

There is much that medical educators can do to begin addressing these problems. In terms of curriculum development, we suggest that ageing and chronic illness should be integrated as cross-cutting themes, rather than remaining solely under the auspices of geriatric medicine or psychogeriatrics as parent specialties. Medical ethics and professionalism teaching can provide a fertile environment for important discussions about the complex issues arising from the care of older people. Key conditions such as dementia and delirium should be represented in the form of case-studies, problem-based learning, and within students' clinical portfolios. Suggested curricula relevant to older people may support medical schools to integrate an appropriate breadth of content (BGS 2013; Masud et al 2014). Students should be facilitated to meet and interact with older people, who may be cognitively impaired, in a range of environments including general practice, surgery, acute medicine and psychiatry.

Educational research has an ongoing part to play. Whilst general gaps in knowledge and skills are evident, the exact nature of students' learning needs remain under-explored. A review of delirium teaching interventions showed that few investigated or addressed students' learning needs prior to implementation (Teordorcuk 2010). To provide effective education and training, we must become more informed about students' knowledge, skills and attitudes with

regard to older people, at all stages of their training. Often, we have focussed on a biomedical knowledge-based curriculum when arguably a more attitudinal and developmental holistic curriculum is required.

Attention to educational theory will support the introduction of effective teaching interventions. There is evidence that interventions about delirium and dementia, underpinned by relevant learning theory and built on sound educational research concerning learning needs do bring about effective practice change at individual, team and organisational levels (Teodorczuk et al 2014); crucially this intervention placed patients and carers at the heart of the teaching process. Historically, patient and public involvement (PPI) in teaching shows considerable promise (Spencer 2011), yet efforts to involve older, frailer and cognitively impaired patients remain rare. Whilst there are clearly important ethical issues to be taken into account, older patients and their carers have much to offer medical education, and efforts to involve them should be increased (Hope 2007; Tullo 2013).

In addition, a focus on relevant teaching methods is required. In particular, given the failure of team work as a contributor to safe care of older people, Interprofessional Education (IPE), though logistically challenging, cannot be seen a luxury. IPE in healthcare education has received support from the World Health Organization (WHO) who reported this method of teaching and learning will help produce a 'collaborative practice-ready' health workforce that can better respond to the holistic needs of patients. The *WHO Framework for Action on Interprofessional Education and Collaborative Practice* (2010) emphasised the

importance of IPE and collaborative practice in a multitude of areas that include: up-to-date healthcare delivery, supportive management practices and processes required to change potentially counterproductive culture, and attitudes and policies that may form barriers to optimal practice. In addition, a recent comprehensive report has identified that IPE is essential to safe care and specifically might have helped to avoid the type of health scandals of Francis that have recently tarnished the reputation of the NHS (Barr et al, 2014),

In summary, medical educators have a key role in ensuring that healthcare students possess the appropriate knowledge, skills and attitudes to care for older people, who comprise an increasing proportion of health service users. Despite organisational barriers to delivering holistic care to older people with multiple and complex co-morbidity, there is much that can be done to begin to change educational structures and introduce innovative practice for the benefit of our ageing population. We invite medical teachers across all specialty disciplines to refocus their educational activities and meet this 21st century ageing challenge.

Declaration of interest

The authors report no declarations of interest

References

Barr H, Helme M, D'Avray L. Review of interprofessional education in the United Kingdom 1997-2013. Fareham: Centre for the Advancement of Interprofessional Education, 2014. Accessed May 2014. Available from: caipe.org.uk/silo/files/iperg-review-15-4-14--download-printing.pdf.

Barnett K, Mercer SW, Norbury M, Watt G, Wyke S, Guthrie B. 2012. Epidemiology of multimorbidity and implications for health care, research, and medical education: a cross-sectional study. *Lancet* 380(9836):37-43.

British Geriatrics Society. BGS recommended curriculum in geriatric medicine for undergraduates, 2013. Accessed May 2014. Available from: <http://www.bgs.org.uk/index.php/medicalstudentstop/959-undergraduatecurriculum8>.

Care Quality Commission. The state of healthcare and adults social care in England in 2011/2012, 2012. London: The Stationery Office.

Department of Health. Delivering high quality, effective, compassionate care: Developing the right people with the right skills and the right values, 2014. London: DoH. Accessed May 2014. Available from: www.gov.uk/government/uploads/system/uploads/attachment_data/file/306967/HEE_mandate_2014-15.pdf.

Gordon AL, Blundell AG, Gladman JRF, Masud T. 2010. Are we teaching our students what they need to know about ageing? Results from the UK National Survey of Undergraduate Teaching in Ageing and Geriatric Medicine. *Age Ageing* 39: 385-388.

Gordon AL, Blundell A, Dhesi JK, Forrester-Paton C, Forrester-Paton J, Mitchell HK, Bracewell N, Mjojo J, Masud T, Gladman JR. 2013. UK medical teaching about ageing is improving but there is still work to be done: the second national survey of undergraduate teaching in ageing and geriatric medicine. *Age Ageing* 43(2): 293-7.

Hope K, Pulsford D, Thompson R, Capstick A, Heyward T. 2007. Hearing the voice of people with dementia in professional education. *Nurse Education Today* 27(8): 821-824.

King's Fund. Making our health and care systems fit for an ageing population. London The King's Fund, 2014.

Masud T, Blundell A, Gordon AL, Mulpeter K, Roller R, Singler K, Goeldlin A, Stuck A. 2014. European undergraduate curriculum in geriatric medicine developed using an international modified Delphi technique. *Age Ageing* Mar 5 [Epub ahead of print].

Mid Staffordshire NHS Foundation Trust Public Inquiry. Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry. London: The Stationery Office, 2013.

Oliver D. A new beginning for the care of older people in hospital? 2013.

Accessed May 2014. Available at:

<http://www.kingsfund.org.uk/blog/2013/04/new-beginning-care-older-people-hospital>.

Parliamentary and Health Service Ombudsman. Care and compassion? Report of the Health Service Ombudsman on ten investigations into NHS care of older people. London: House of Commons, 2011

Royal College of Nursing. An ageing population: Education and practice preparation for nursing students learning to work with older people. London: RCN 2008. Accessed May 2014. Available at:

RCN 2008. Accessed May 2014. Available at:

http://www.rcn.org.uk/_data/assets/pdf_file/0005/149558/003222.pdf

Royal College of Physicians. Hospitals on the edge? The time for action. London: RCP, 2012.

Royal College of Psychiatrists. Who cares wins. Improving the outcome for older people admitted to the general hospital: Guidelines for the development of Liaison Mental Health Services for older people. London: RCPsych, 2005.

Spencer J, Godolphin W, Karpenko N, Towle A. Can patients be teachers?
Involving patients and service users in healthcare professionals' education.
London: The Health Foundation, 2011. Accessed May 2014. Available at:
<http://www.health.org.uk/public/cms/75/76/313/2809/Can%20patients%20be%20teachers.pdf?realName=br0eQj.pdf>

Tadd W, Hillman A, Calnan S, Calnan M, Bayer A, Read S. 2011. Right place –
wrong person: dignity in the acute care of older people. *Quality in Ageing and
Older Adults* 12:33-43.

Teodorczuk A, Welfare M, Corbett S, Mukaetova-Ladinska E. 2010. Developing
effective educational approaches for Liaison Old Age Psychiatry teams: a
literature review of the learning needs of hospital staff in relation to managing
the confused older patient. *Int Psychogeriatr* 22(6):874-885.

Teodorczuk A, Reynish E, Milisen K. 2012. Improving recognition of delirium in
clinical practice: a call for action. *BMC Geriatrics* 12(1):55.

Teodorczuk A, Mukaetova-Ladinska E, Corbett S, Welfare M. 2013.
Reconceptualising models of delirium education: findings of a grounded theory
study. *Int Psychogeriatr* 25(4):645 – 55.

Teodorczuk A, Mukaetova-Ladinska E, Corbett S, Welfare M. 2014. Learning
about the patient: An Interprofessional dementia and delirium education
programme. *Clinical Teacher* (In Press).

Tullo E, Gordon A. 2013. Teaching and learning about dementia in UK medical schools - a national survey. BMC Geriatrics 13:29.

World Health Organisation (2010). Framework for Action on Interprofessional Education & Collaborative Practice. Geneva: WHO, 2010. Accessed May 2014.
Available at: http://www.who.int/hrh/resources/framework_action/en/.